

State of Arkansas CONTRACTORS LICENSING BOARD



Residential Builders New Application

\$100.00 Filing Fee - NON-REFUNDABLE

MAIL TO:

CONTRACTORS LICENSING BOARD
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone Number (501) 372-4661
FAX Number (501) 372-2247
Web Site: www.arkansas.gov/clb

**PLEASE READ THE INSTRUCTIONS (pages 2) BEFORE COMPLETING THE
APPLICATION**

I.

RESIDENTIAL BUILDERS

INSTRUCTIONS / CHECKLIST

Your completed application must be in this office ten (10) business days prior to a committee meeting to be reviewed. If your application is not complete, you have 90 days from the date we receive the application to send the missing items. After the 90 days, another application and filing fee will be required.

1. If you are applying for **both Commercial and Residential** contractors licenses **STOP HERE!!** Download the Commercial New Application and follow the instructions for a commercial contractor. The web site is www.arkansas.gov/clb.
2. Complete Application *(all lines need to be filled in, if one does not apply to you enter "N/A")*
 - (a) Complete pages 3, 7 and 8.
 - (b) Appropriate business style affidavit & affidavit regarding bidding signed and notarized (pages 9 and 10). We cannot accept a notarized statement more than 90 days old.
3. \$100.00 filing fee made payable to the Contractors Licensing Board. **(NON-REFUNDABLE)**
4. Three (3) written references (pages 4, 5 and 6 forms provided). The references should not be from a supplier or banker, unless they have actually observed your work and can describe it. **The references must show four (4) years appropriate experience in construction. The experience must justify the issuance of a Residential Home Builder's license. THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS.**
5. Copy of the Arkansas Business and Law test score. **Please refer to page 12 & 13 for more information about the test. The license can be approved but not released without this passing test score.**
6. **CURRENT** compiled balance sheet less than one (1) year old. **DO NOT SEND INCOME STATEMENTS.** The balance sheet must be in the name of the applicant obtaining the license and must be signed by the owner, officer, member or partner of that company. Only Sole Proprietorships can submit a personal balance sheet and the balance sheet **must exclude** your personal residence and retirement accounts includes stocks and bonds and cash value of life insurance. **All balance sheet statements must show POSITIVE NET WORTH. If you need a form to use for the balance sheet please feel free to download the form on our web page www.arkansas.gov/clb**. If you have a Schedule "L" from your corporation tax return you may use form instead. (No other tax forms will be accepted other than the Schedule "L").
7. If applying as a Corporation, LLC, or LP, attach a copy of the Articles/Filings from your entity's Secretary of State's Office. If a fictitious name has been registered for this company, attach a copy of the fictitious name registration.
8. All applicants must provide proof of current Worker's Compensation insurance coverage by submitting a current certificate of insurance verifying Worker's Compensation insurance coverage. **The license can be approved but not released without this Worker's Compensation insurance certificate.**

Do not write in this space - CLB OFFICAL USE ONLY

Filing Fee: _____

ID#: _____

Residential Builders New Application

PRINT NAME OF COMPANY OR NAME OF INDIVIDUAL (IF APPLYING AS A SOLE PROPERIORSHIP) AS YOU WISH IT TO APPEAR ON LICENSE. IF YOU ARE APPLYING AS A CORPORATION, LLC, OR LLP YOU MUST USE THE EXACT NAME AS REGISTERED WITH THE SECRETARY OF STATE OFFICE. APPLICANTS MUST CONDUCT THEIR CONTRACTING BUSINESS UNDER THE EXACT NAME SHOWN UPON THEIR LICENSE

ANSWER ALL OF THE FOLLOWING QUESTIONS, IF A QUESTION DOES NOT APPLY TO YOU ENTER "N/A":

Company or Individual Name _____

D/B/A Name _____

(Doing Business As) (If applicable)

Indicate the type of entity seeking a license by circling one of the choices below:

INDIVIDUAL CORPORATION PARTNERSHIP LLC LP OTHER _____

If applying as Corporation / LLC, list the Federal ID# _____

Mailing Address _____ City _____ State _____

Zip Code _____ County/Parish _____

Name of Person to Contact with Any Questions _____

Contact Phone _____

Fax Number _____

E-mail Address _____

**Complete the following with information for the person that will take or has taken the
Business & Law Exam**

Name _____ Social Security # _____

How long have you been with this company? _____ Position held with this company _____

Check one of the following: _____ Full time paid employee (with W-2 income)
_____ Officer, member, or partner of the company and is actively
involved in the day to day operations
_____ Sole Owner

REFERENCE INFORMATION

New Residential Home Builder Application Only

This information is to be provided to:

This information is provided for purpose of licensure for:

Arkansas Contractors Licensing Board	Applicant Name:
4100 Richards Road, North Little Rock, AR 72117	Address:
Phone: 501-372-4661 Fax 501-372-2247	State:
www.arkansas.gov/clb	Phone: Fax:

This form is for the Home Builder and is not intended for use for Limited or Unlimited Home Improvement or Remodeler Applicants.

Yes ___ No ___ Are you related to the individual, owners, officers or qualifiers of this company? If answer is "YES" STOP HERE!!!!

Please list information about homes built by the individual acting as a supervisor or project manager or by this company: INFORMATION MUST BE FOR HOME CONSTRUCTION, OR SUBSTANTIAL STRUCTURAL MODIFICATIONS OR ADDITIONS, NOT INTENDED FOR FRAMERS OR HOME IMPROVEMENT CONTRACTORS. Complete all information below of which you have personal knowledge. The more information the better.

Check the box that applies to the type of construction	House #1		House #2		House #3		House #4	
	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>
Owner								
Subdivision								
City								
State								
Sq Footage								
Dollar Amount								
Construction Date								

YES ___ NO ___ To your knowledge has this individual, any of the owners, officers or qualifiers of the company ever failed to complete any homes under contract?

YES ___ NO ___ To your knowledge was this individual or company involved in these projects from beginning to 100% completion?

YES ___ NO ___ To your knowledge has this individual, any of the owners, officers or qualifiers of the company ever completed a home with faulty workmanship that would cause harm to the occupants of the home?

YES ___ NO ___ Would you recommend this individual or company to have a RESIDENTIAL BUILDERS LICENSE in the State of Arkansas?

If you have any comments you would like to make about this contractor please feel free to use the back of this form.

I Swear or Affirm, under penalty of perjury, that all the statements contained on this reference are true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Address: _____

Phone: _____

Effective Date 2/2014 (Residential Builders New App) _____ 4.

REFERENCE INFORMATION

New Residential Home Builder Application Only

This information is to be provided to:

This information is provided for purpose of licensure for:

Arkansas Contractors Licensing Board	Applicant Name:
4100 Richards Road, North Little Rock, AR 72117	Address:
Phone: 501-372-4661 Fax 501-372-2247	State:
www.arkansas.gov/clb	Phone: Fax:

This form is for the Home Builder and is not intended for use for Limited or Unlimited Home Improvement or Remodeler Applicants.

Yes ___ No ___ Are you related to the individual, owners, officers or qualifiers of this company? If answer is "YES" STOP HERE!!!!

Please list information about homes built by the individual acting as a supervisor or project manager or by this company: INFORMATION MUST BE FOR HOME CONSTRUCTION, OR SUBSTANTIAL STRUCTURAL MODIFICATIONS OR ADDITIONS, NOT INTENDED FOR FRAMERS OR HOME IMPROVEMENT CONTRACTORS. Complete all information below of which you have personal knowledge. The more information the better.

Check the box that applies to the type of construction	House # 1		House #2		House #3		House #4	
	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>
Owner								
Subdivision								
City								
State								
Sq Footage								
Dollar Amount								
Construction Date								

YES ___ NO ___ To your knowledge has this individual, any of the owners, officers or qualifiers of the company ever failed to complete any homes under contract?

YES ___ NO ___ To your knowledge was this individual or company involved in these projects from beginning to 100% completion?

YES ___ NO ___ To your knowledge has this individual, any of the owners, officers or qualifiers of the company ever completed a home with faulty workmanship that would cause harm to the occupants of the home?

YES ___ NO ___ Would you recommend this individual or company to have a RESIDENTIAL BUILDERS LICENSE in the State of Arkansas?

If you have any comments you would like to make about this contractor please feel free to use the back of this form.

I Swear or Affirm, under penalty of perjury, that all the statements contained on this reference are true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Address: _____

Phone: _____

Effective Date 2/2014 (Residential Builders New App) _____ 5.

REFERENCE INFORMATION

New Residential Home Builder Application Only

This information is to be provided to:

This information is provided for purpose of licensure for:

Arkansas Contractors Licensing Board	Applicant Name:
4100 Richards Road, North Little Rock, AR 72117	Address:
Phone: 501-372-4661 Fax 501-372-2247	State:
www.arkansas.gov/clb	Phone: Fax:

This form is for the Home Builder and is not intended for use for Limited or Unlimited Home Improvement or Remodeler Applicants.

Yes ___ No ___ Are you related to the individual, owners, officers or qualifiers of this company? If answer is "YES" STOP HERE!!!!

Please list information about homes built by the individual acting as a supervisor or project manager or by this company: INFORMATION MUST BE FOR HOME CONSTRUCTION, OR SUBSTANTIAL STRUCTURAL MODIFICATIONS OR ADDITIONS, NOT INTENDED FOR FRAMERS OR HOME IMPROVEMENT CONTRACTORS. Complete all information below of which you have personal knowledge. The more information the better.

Check the box that applies to the type of construction	House #1		House #2		House #3		House #4	
	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>	New Home Construction <input type="checkbox"/>	Substantial Structural Changes or Addition <input type="checkbox"/>
Owner								
Subdivision								
City								
State								
Sq Footage								
Dollar Amount								
Construction Date								

YES ___ NO ___ To your knowledge has this individual, any of the owners, officers or qualifiers of the company ever failed to complete any homes under contract?

YES ___ NO ___ To your knowledge was this individual or company involved in these projects from beginning to 100% completion?

YES ___ NO ___ To your knowledge has this individual, any of the owners, officers or qualifiers of the company ever completed a home with faulty workmanship that would cause harm to the occupants of the home?

YES ___ NO ___ Would you recommend this individual or company to have a RESIDENTIAL BUILDERS LICENSE in the State of

Arkansas?

If you have any comments you would like to make about this contractor please feel free to use the back of this form.

I Swear or Affirm, under penalty of perjury, that all the statements contained on this reference are true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Address: _____

Phone: _____

Effective Date 2/2014 (Residential Builders New App) _____ 6.

APPLICANT'S INFORMATION

Note: The Word "You" means, for the purpose of the following questions, this organization, any officer of the company, the qualifier of this company, you, or anyone who owns 10% or more of the entity.

1. Indicate the type of entity seeking a license by circling one of the choices below:

INDIVIDUAL CORPORATION PARTNERSHIP LLC LP OTHER _____

2. How long has your organization been in business as a contractor under your present business name? _____

3. How many years of work experience does the trade or classification qualifier for this license have? _____

Yes___ No___ 4. Have you ever failed to complete any work awarded to you? (See definition of "you" above) **If yes, attach separately a statement of circumstance.**

Yes___ No___ 5. Have you ever been an investor, partner or officer of some other organization that failed to complete a construction contract? (See definition of "you" above) **If yes, attach separately the name of the individual, other organization and reason for failure.**

Yes___ No___ 6. Have you filed bankruptcy or were you a part of any other organization that has filed bankruptcy within the last ten (10) years? (See definition of "you" above) **If yes, attach an explanation as to why bankruptcy had to be filed along with a copy of the document prepared by your attorney listing the creditors and a copy of the bankruptcy discharge.**

Yes___ No___ 7. Have you ever been convicted of a felony? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes___ No___ 8. Do you or any construction related entity in which you own 10% or more, have any outstanding liens, judgments, or pending litigation? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes___ No___ 9. Have you ever had a contractors license or been associated with a contractors license in this or any other state? (See definition of "you" above) **If yes, attach separately details.**

Yes___ No___ 10. Have you ever been penalized, or disciplined by the Arkansas Contractors Licensing Board or the Arkansas Residential Committee? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes___ No___ 11. Have you ever had a contractors license revoked, suspended or surrendered in this or any other state? (See definition of "you" above) **If yes, attach separately details.**

Yes___ No___ 12. Do you knowingly employ individual(s) without legal authority to work in the United States? (See definition of "you" above)

Yes___ No___ 13. Do you knowingly hire workers, as independent contractor(s), who do not have legal authority to work in the United States? (See definition of "you" above)

Yes___ No___ 14. Are you legally authorized to work in the United States? (See definition of "you" above)

Yes___ No___ 15. Do you understand that the failure to comply with the Federal law on the hiring, as employees or as subcontractors, of workers without legal authority to work in the United States can lead to the revocation of your contractor's license in the State of Arkansas? (See definition of "you" above)

Yes___ No___ 16. Does this applicant have any employees?

Yes___ No___ 17. Does the applicant have Workers Compensation Insurance?

CORPORATION, LLC, or LP DATA:

Date Company Incorporated _____

* Date Registered at Arkansas Secretary of State (501-682-3409) as a Foreign Entity _____

(*This process must be completed before you begin work in the State of Arkansas if you are a foreign entity.)

President _____ SSN _____

Vice-President _____ SSN _____

Secretary _____ SSN _____

Treasurer _____ SSN _____

OR

PARTNERSHIP DATA:

Date Partnership Formed _____

State whether partnership is general, limited or associated: _____

List all stockholders, members, or partners who own 10% or more interest in this entity (please print each name) along with their Social Security number or EIN# if a Company or LLC.

AFFIDAVIT FOR COMPANY (Corporation, LLC, LP or Partnership)

I, _____, being duly sworn/affirmed, state under oath:
(Name of Owner/Officer/Member/Partner)
That I am _____ of _____;
(Position held) (Company Name)

Further, that the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that I am familiar with the books and records of the above mentioned company showing its financial condition; that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from the books and records of said company and form a true and accurate statement of the financial condition of said company as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq., including the obtaining and reviewing of a criminal background check.

(Applicant Signature Here)

State of _____

County of _____

Acknowledged before me, this _____ day of _____, 20____.

My Commission expires: _____

(Notary Public Signature) & Seal

AFFIDAVIT FOR INDIVIDUAL

I, _____ being duly sworn/affirmed, states under oath:
(Individual's Name)

That the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from my books and records and form a true and accurate statement of my financial condition as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq., including the obtaining and reviewing of a criminal background check.

(Applicant Signature Here)

State of _____

County of _____

Acknowledged before me, this _____ day of _____, 20____.

My Commission expires: _____

(Notary Public Signature) & Seal

AFFIDAVIT REGARDING BIDDING OR PERFORMANCE OF WORK RESIDENTIAL BUILDERS NEW APPLICATION

I, _____, being duly sworn/affirmed, states under oath: that, he or she is
(Name of Owner/Partner/Officer/Member)
_____ of _____
(Position Held) (Company Name)

the applicant named herein; that with respect to any **Residential** construction in the State of Arkansas:

The Applicant:

1. Is not now a party on any contract for such work.
2. Does not have outstanding any such work or any bid for such work.
3. Will not bid, contract or perform any such work until such time as the applicant is approved and a license has been issued to the applicant.

(Signature of individual owner, partner, member or a responsible officer)

State of _____

County of _____

Acknowledged before me, this ____ day of _____, 20__.

My Commission expires: _____

(Notary Public Signature) & **Seal**

IF YOU DO NOT HAVE A LICENSE AND YOU HAVE BID OR CONTRACTED ANY WORK REQUIRING AN ARKANSAS CONTRACTORS LICENSE, YOUR BID MUST BE WITHDRAWN OR YOUR CONTRACT VOIDED (PROOF MUST BE SUBMITTED TO OUR OFFICE) BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

IF YOU HAVE ANY WORK IN PROGRESS THAT REQUIRES AN ARKANSAS RESIDENTIAL BUILDERS CONTRACTORS LICENSE YOU MUST COMPLETE THE FOLLOWING QUESTIONS BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

List Project Name & Address:

When Project Started: _____

When Project Completed: _____

Dollar Amount of Project: _____

******The submission of an incomplete or false affidavit constitutes fraud or deceit in obtaining a license and may result in the revocation of your license.******

CHECKLIST OF HELPFUL NUMBERS

Revised 1/2014

FOR CONTRACTORS PLANNING TO OPERATE IN THE STATE OF ARKANSAS

THE FOLLOWING IS A LIST OF REGULATORY AGENCIES TO WHICH YOU COULD BE RESPONSIBLE WHILE DOING BUSINESS IN THE STATE OF ARKANSAS.

CONTRACTORS LICENSE

Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
Telephone: (501) 372-4661

CORPORATE FRANCHISE TAX

Note: All Corporations are required to register and pay franchise taxes.

Secretary of State
Victory Building, Ste 250
1401 W Capitol
Little Rock, AR 72201
Telephone: (501) 682-3409

INDIVIDUAL INCOME TAX

Individual Income Tax Section
Revenue Division
Department of Finance & Admin.
P O Box 3628
Little Rock, AR 72203
Telephone: (501) 682-7272

CORPORATE INCOME TAX

Corporation Income Tax Section
Revenue Division
Department of Finance & Admin.
P O Box 919
Little Rock, AR 72203
Telephone: (501) 682-4775

SALES & USE TAXES

Sales and Use Tax Section-Revenue Division
Department of Finance & Admin.
P O Box 1272
Little Rock, AR 72203
Telephone: (501) 682-7104

UNEMPLOYMENT COMPENSATION

Department of Workforce Services
P O Box 2981
Little Rock, AR 72203
Telephone: (501) 682-2121 or
1-855-225-4440

WORKERS COMPENSATION

Arkansas Workers Compensation Commission
4th & Spring Streets, PO Box 950
Little Rock, AR 72203-0950
Telephone: (501) 682-3930 or (800) 250-2511

LABOR STANDARDS

Labor Standards Administrator-
Arkansas Dept. of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4501

ONLINE DIRECTORY

www.arkansas.gov/directory or
State Information 501-682-3000

****UNDERGROUND STORAGE TANKS,
ASBESTOS**

Arkansas Department of Environmental Quality
8001 National Drive, PO Box 8913
Little Rock, AR 72219-8913
Telephone: (501) 682-0999 or (501) 682-0718

****LEAD ABATEMENT**

Arkansas Department of Health
4815 West Markham Slot-32
Little Rock, AR 72205-3867
Telephone: (501) 671-1472

****PLUMBING, GAS FITTERS
HVACR, SHEET METAL,
REFRIGERATION & COLD STORAGE**

Arkansas State Health Department
Plumbing & Natural Gas Division
4815 West Markham Slot #24
Little Rock, AR 72205-3867
Telephone: (501) 661-2642

****FIRE & BURGLAR ALARMS**

Arkansas Board of Private Investigators and Private
Security Agencies C/O Arkansas State Police
1 State Police Plaza Drive
Little Rock, AR 72209
Telephone: (501) 618-8600

****SPRINKLERS**

Arkansas Fire Protection Board
7509 Cantrell Road Suite 103A
Little Rock, AR 72207
Telephone: (501) 661-7903

****ELECTRICAL**

Board of Electrical Examiners – Dept of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4549

****ELEVATOR SAFETY**

Safety Division-Arkansas Department of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4530

****BOILERS**

Boiler Division - Arkansas Department of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4513

****LANDSCAPING w/PLANTING**

Arkansas State Plant Board
1 Natural Resources Drive
Little Rock, AR 72205
Telephone: (501) 225-1598

****WATER WELLS**

Arkansas Water Well Commission
101 E Capitol, Ste 350
Little Rock, AR 72201
Telephone: (501) 682-1025 or (501) 682-3900

PLEASE NOTE: This list may not include all of the State Regulatory Offices, which you might need to contact. You should contact your accountant or attorney as to any other agencies which you may need to contact due to the special nature of your business.

****Requires proof of appropriate certification/licensure before the Contractors Licensing Board will approve the classification(s). Performing any of the following type projects without the appropriate certificate/license from the agency in question may be in violation of that agency's law. Performing any of the following type projects without the specific classification from the Contractors Licensing Board may be in violation of the Contractors Licensing law**

Arkansas Business & Law Test (Instructions)

The test is given by an independent testing company (Prometric). If you have questions about the test or need more information beyond what is furnished here please call them at 888-763-0131.

Registration Instructions:

1. Call 1-888-763-0131 or visit www.experioronline.com
2. Register for **ARO4 Program name**.
3. **Exam Code 100**
4. The operator will assist you in finding the nearest Testing Center.
5. The test is administered 6 days a week (M-F 8:00 a.m. – 8:00 p.m., Sat 8:00 a.m. – 4:00 p.m.)
6. Payment – Prometric will accept VISA, MasterCard, American Express or a check can be drafted from your checking account. (Have a check ready for relaying the appropriate numbers)
The charge for the test is \$80.00.
7. You will receive a confirmation number and directions to the testing center.
(Note these at the bottom of this page for your references)
8. The test is open book, multiple choice, and 50 questions, with a 2-hour time limit.
9. The book (Contractors Guide to Business, Law and Project Management, Arkansas Edition) is available directly from the Publisher, call (623) 587-9519 or complete the order form on the next page.
10. No handwritten or additional notes are allowed in the reference book (No Letters, words, diagrams, etc.)
Highlighting and permanent tabbing is acceptable. Post it notes are not permanent and will not be allowed.
Permanent tabs can be purchased at <http://www.nascla.org/tabs-arkansas> for \$9.99

On the day of your examination, you must arrive at the Prometric Center 30 minutes before your scheduled appointment to complete the admission procedures required before your test begins. You must bring the following with you: One official government issued photo identification such as a driver's license, passport, etc., and your Contractors Guide to Business, Law and Project Management, Arkansas Edition.

PLEASE BE ADVISED:

- a) You may be given extra manuals when you arrive to take the test.
You will only be tested from the Contractors Guide to Business, Law and Project Management, Arkansas Edition.
- b) Verify your exam code before you take the test.
- c) **Have PROMETRIC send the results to YOU.** If you request your results be sent to our offices it could take weeks to get to us, which could postpone the approval and release of your license.
When you receive them forward them onto us via USPS or fax them to 501-372-2247.

Confirmation Number:

Appointment Date:

Appointment Time:

Testing Site:



NASCLA CONTRACTORS GUIDE TO BUSINESS, LAW AND PROJECT MANAGEMENT, ARKANSAS EDITION

ORDER FORM

To order a copy of the **NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition, Tabs Bundle Pak** or for an individual book order, please complete the order form below. Submit a check for the total order amount payable to NASCLA Educational Resources and Publications (NERP). For credit card orders using a *Visa, MasterCard, American Express or Discover* mail a completed order form to the address below or order online at www.nascla.org

NASCLA Educational Resources and Publications 23309 N. 17th Drive, Suite 110 Phoenix, Arizona 85027 Phone (623) 587-9519
Fax (623) 587-9625 or Online @ www.nascla.org

The **NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition, Tabs Bundle Pak** offers our permanent reference tabs that will help you navigate quickly through this publication. Please note that these tabs are self-adhesive and must be added at least one day prior for sufficient adhesive power.

SHIP TO:

Name _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____

Email Address _____

METHOD OF PAYMENT:

☒ Enclosed check to NASCLA ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number _____ Exp. Date ____ / ____

Name on Card _____ Signature _____

PLEASE SEND:

_____ Copy(ies) of the NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition Tabs Bundle Pak @ \$57.99 ea	\$ _____
_____ Copy(ies) of the NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition @ \$50.00	\$ _____

SHIPPING & HANDLING:

\$ 12.00 for one book (\$6.00 for each additional book) \$ _____

TOTAL \$ _____